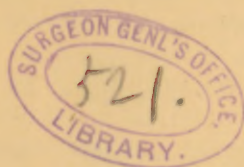


Leszynsky (W. M.)

A case of sporadic
myxoedematous cretinism ****



A CASE OF SPORADIC MYXŒDEMATOUS CRETINISM.

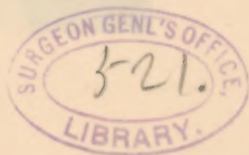
Clinical Lecture, June 28th, 1894.

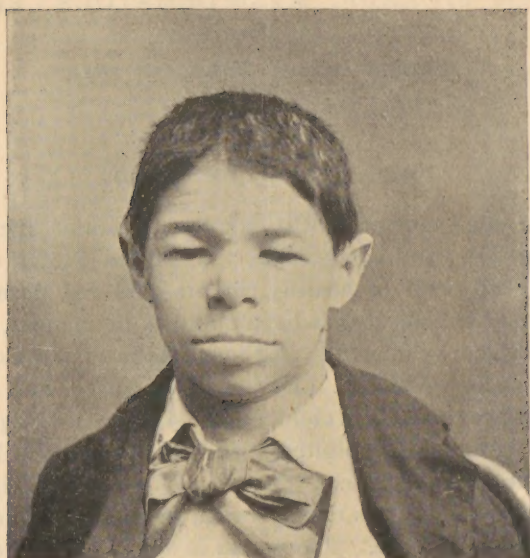
BY

WM. M. LESZYNSKY, M.D.

The patient I now present to you is 25 years of age. He was born in Germany and has been in the United States ten years. He is the third child of healthy parents, and was born normally at full term. He has always been childish in manner, and is of feeble mental development. Although he is 25 years of age, his height is but 49 3-8 inches. He is easily amused, and his desires and actions are those of a child about six years of age. About four years ago he was exhibited in several museums in New York. At that time he was between 38 and 39 inches in height. You will note that the skull is about normal in size, and measures 21 inches in circumference. The vertex is flat and slopes anteriorly. All the sutures are closed. The hair is black, coarse and dry, resembling horse-hair. The complexion is of a dirty yellow color. The eyes are apparently sunken in their sockets, and widely separated. The upper eyelids are œdematous and overhanging the free border of the lids. The nose is broad and somewhat flattened at its base. There is well-marked prognathism. The tongue presents no abnormality. The teeth and hard palate appear normal.

The thyroid gland is absent. The skin over the body is coarse and thick and of a sallow color. The subcutaneous tissue is thick and somewhat myxœdematous. The abdomen is prominent and pendulous, measuring 27 inches in circumference at the level of the third lumbar vertebra. There are a few isolated hairs scattered over the pubis. The genitals are largely developed. He has a large reducible inguinal hernia. Both legs are bowed in a moderate degree, mostly in the tibiæ. Epiphyses large. Measurement of chest at nipple line, 29½ inches. The gait is awkward and waddling, and the lower limbs are disproportionately





short as compared with the body. The muscular power is feeble. Both knee-jerks are active. There is no ankle clonus. No objective sensory disturbances. The bowels are always constipated, and he suffers from frequent hemorrhages due to hemorrhoids. This may account for his anæmic appearance and feeble



pulse. As this seems to be a suitable case for the experimental administration of thyroid extract, I shall advise his admission to the hospital with a view to improving his nutrition and for further observation and treatment.

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